PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07573

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1Yr 7 Days

Stay in this community (yrs., or mos., or days): 1Yr 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 415 Tuxedo St.ve.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Earl E Baker

3. (b) Social Security Number: 217-01-7621

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Naomi Baker

6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): July 17 1909

8. AGE:

Years	Months	Days	If less than one day
30	11	26	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Asst. Caddie Master

11. Industry or business:

FATHER
12. Name: William Baker
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Mary L Norwood
15. Birthplace: Baltimore. Md

16. Informant: Earl E Baker
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 16 1940 (month) (day) (year)

Cemetery or crematory: Woodlawn Cem

Location: Baltimore. Md.

18. Funeral director: M.L.Creager & Son

Address: Thurmont. Md.

19. 7/13/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1940 19 P.M. 9.45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939 to July 13 1940 and that I last saw him alive on July 13 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	13Mos
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Faulkstone M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 7/13/40

RECEIVED
JUL 22 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-d)

CERTIFICATE OF DEATH

07574

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 235 W. South St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or ~~town~~: Frederick Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 235 W. South Str

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Miller Beane

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
M	C	married

B (b) Name of ~~husband~~ or wife: Sadie J. Langham

6(c) If alive, give age: 70 years

T. Birth date of deceased (mo., day, yr.): Aug 5th 1856

8. AGE:

Years	Months	Days	If less than one day
84	11	5	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Minister of the Gospel

11. Industry or business:

FATHER
12. Name: Boyer Miller Beane
13. Birthplace: Virginia

MOTHER
14. Maiden name: Mary Campbell
15. Birthplace: Virginia

16. Informant: Mary F. Bourne

Address: 235 W South St Fredk

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: July-17-1940 (month) (day) (year)

Cemetery or crematory: Bolivar

Location: Harpers Ferry-W. Va.

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Md

19. 15-July 1940 (Date rec'd by registrar) Ira J. McCurdy, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12th 1940, at 1a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939, to July 12th 1940, and that I last saw him alive on July 12th 1940.

Immediate cause of death: General Debility Exhaustion

Due to: Paraplegia

This death did not involve cerebral hemorrhage. Duration of illness three months. C.W.G.R.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: Several month; 1 year

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. M. G. Bourne, Sr. M. D. or other

Address: Frederick, Md Date signed: 7-12-40

VS A15 (T) MARGIN RESERVED FOR BINDING (1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

07575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:
County Frederick
City or town New London
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) One Year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick,
City or town New London Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME "Foetus" Bell.

3. (b) Social Security Number

4. Sex Male. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10. 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace New London Fred Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Geo W. Bell.
13. Birthplace Maryland.

MOTHER
14. Maiden name Jane A. Brown
15. Birthplace Maryland.

16. Informant Jane A. Bell
Address New London

17. Burial Date thereof July 10th 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Central
Location Near New London

18. Funeral director Powell & Albaugh
Address Libertytown

19. July 10 1940 W. A. Cunfman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Not known 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death 5 month Foetus.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Mussler M.D.
M. D. or other
Address Johnsville Date signed Jul 10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

07576

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or Inst. (yrs., or mos., or days) 6 days.
Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md. County Frederick
~~City or town~~ Rural - Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Montevue - County Home
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs Florence Bentz

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
female	white	widowed

6 (b) Name of husband ~~or wife~~ Arthur Bentz
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 4, 1887.

8. AGE: Years	Months	Days	If less than one day
53	0	14	____ hrs. ____ min.

9. Birthplace Penna (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name George Wiles
13. Birthplace Maryland
MOTHER 14. Maiden name Katie Brightmer
15. Birthplace Pennsylvania
16. Informant Evangeline Rice R.N.
Address Emergency Hospital
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22-40 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Frederick
18. Funeral director C. E. Elmer & Son
Address Frederick Md
19. 20-July 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

30

20. DATE OF DEATH July 18 1940, at 10 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from July 13 1940, to July 18 1940, and that I last saw her alive on July 18 1940

Immediate cause of death	DURATION
Carcinoma of breast & Glandules	3 yrs
Due to Primary Carcinoma of breast.	
duration - five years C.W.S.R.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

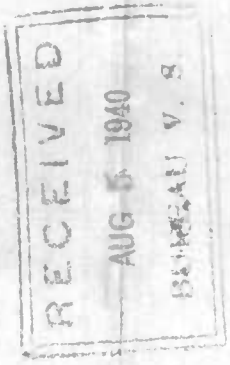
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE R. O. Thomas M. D. or other
Address Frederick, Md Date signed 7-20-40

Dr. B. O. Kinney



wb

CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92E)

Reg. Dist. No. 141

07577

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rural St. Marks (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 49yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town rural St. Marks, (If outside city or town limits, write RURAL and give town)

(d) Street No. Knoxville, Md. R. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Saloma Lee Boyer

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Wm. E. Boyer

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1867

8. AGE: Years 72 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Nr. Broadrun, Fred., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Francis Blessing,

13. Birthplace Fred. Co., Md.

MOTHER 14. Maiden Name Henretta Cartzendafner,

15. Birthplace Fred. Co. , Md.

16 (a) Informant Mr. Wm. E. Boyer,

(b) Address Knoxville, Md. R. D.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7 / 8 / 40 (month) (day) (year)

(c) Cemetery or crematory Methodist Cemetery

Location Jefferson, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) July 5 1940 (Date rec'd by registrar) (b) Mrs H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death July 5 1940, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940, to July 5 1940, and that I last saw him alive on July 2 1940.

Immediate cause of death Acute Nephritis — Duration One week

Due to

Due to

Other conditions Mitral Insufficiency — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas Strother-Md M. D. or other

Address Brunswick-Md Date signed 7-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

07578

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 5 Mos 22 Days
Stay in this community (yrs., or mos., or days): 5 Mos 22 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1441 N Charles St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward Nelson Brooks

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): February 11 1885

8. AGE: Years: 55 Months: 4 Days: 22 If less than one day: hrs. min.

9. Birthplace: Phila. Pa. (Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business:
FATHER
12. Name: James Brooks
13. Birthplace: Phila. Pa.
MOTHER
14. Maiden name: Catherina Golden
15. Birthplace: Phila Pa.
16. Informant: Edward Nelson Brooks
Address: Baltimore. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 5 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cem
Location: Anne Arundel Co. Md.
18. Funeral director: William J Tickner & Sons
Address: Baltimore. Md.
19. 7/3/40 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1940 A.M. 4.15 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 11 1940, to July 3 1940, and that I last saw him alive on July 2 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 Mos
Due to: Tubercle Bacilli
Due to:
Other conditions: Tuberculous Enteritis (Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. M. D. or other
Address: State Sanatorium, Md. Date signed: 8/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07579

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: City Opera House

Stay in hospital or inst. (yrs., or mos., or days) 30 min.

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

~~City or town~~ Mt. Johnsville, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. [illegible]
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charles S. Brown

3. (b) Social Security Number 214-16-0341

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Mollie I. Brown

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1877

8. AGE: Years 62 Months 9 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Frederick Co. Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Elias H. Brown
13. Birthplace Fred. Co. Md

MOTHER
14. Maiden name Mary Catherine Philips
15. Birthplace Fred. Co. Md

16. Informant Charles A. Brown
Address Walkersville Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 18, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Rocky Hill Cemetery

Location Mt. Woodsboro

18. Funeral director G. C. Barton
Address Walkersville Md

19. 17-July 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him 17 ~~alive~~ dead on July 15 1940.

Immediate cause of death Coronary Thrombosis — DURATION Immediate

Due to Cardio vascular Chronic — 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Bare Deputy Med Exr. M. D. or other
Address Frederick, Md Date signed 7-15-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 79-d

07580

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Montevue
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Mt Airy Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John W. Chaney

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Sarah A Chaney
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 25th, 1855

8. AGE: Years	Months	Days	If less than one day
85	1	7	____ hrs. ____ min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business Farmer
FATHER 12. Name Charles Chaney
13. Birthplace Md.
MOTHER 14. Maiden name Rachael Brashears
15. Birthplace Md.
16. Informant Evangeline Rice R. N.
Address Emergency Hospital
17. Buried (Burial, cremation, or removal. Which?) Date thereof July 30, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Prospect
Location Carroll County Md.
18. Funeral director C M. Waltz
Address Winfield, Md.
19. 29 July 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH July 27 1940, at 10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1940 to July 27 1940 and that I last saw him alive on July 27 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	6 Mos. +
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick, Md Date signed 7/29/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

07581

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Frederick

~~City or town~~ Frederick Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days.

Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Frederick

~~City or town~~ Burkittsville Rural

(If outside city or town limits, write RURAL NEAR and give town)

Ward No.

Street No. none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mary Amanda Curtis

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: Colored

6. (a) ~~Single, married, widowed, or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: James Curtis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 15 1850

8. AGE: Years 89 | Months 10 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Va. (Town, county and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Lee Simms

FATHER 13. Birthplace Va

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace Unknown.

16. Informant Miss Adelsberger, Emergency Address Hospital, Frederick, Md

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof July 20, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Antioch

Location Lovettsville Virginia

18. Funeral director C. H. Fuete & Bro

Address Brunswick Md.

19. (Date rec'd by registrar) 18 July 19 40 Registrar Dra J. McSurely

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 6 P.M. 15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940 to July 17 1940, and that I last saw her alive on July 17 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other

Address Frederick, Md Date signed 7/17/40

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

07582

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred: 235 E. 4th St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 235 E. 4th St
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Ava Elizabeth Edwards

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6.(b) Name of husband or ~~wife~~ Ivan Bates Edwards

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 29 - 1896

8. AGE: Years 44 | Months 4 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace Frederick Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Grocery Store

FATHER
12. Name Jacob Patrick Quinn
13. Birthplace Frederick Md.

MOTHER
14. Maiden name Anna Mary Mull
15. Birthplace Frederick Md.

16. Informant Vertes Virginia Edwards
Address Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 27 = 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Maryland

18. Funeral director C. E. Cline & Son
Address Frederick Maryland

19. 27 - July 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1940, at 9:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26th 1940 to July 26th 1940 and that I last saw h[illegible] alive on July 26th 1940

Immediate cause of death Cardiac Dropsy — DURATION 60 days

Due to Recitec

Due to Myocarditis — One year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Heyer M. D. or other

Address Frederick Date signed July 26th 1940

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AUG 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07583

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County FREDERICK
City or town NR LIBERTYTOWN RURAL
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town New Windsor Route 2. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME JOEL BERNARD EMERSON

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WH	SINGLE

B (b) Name of husband or wife NONE
8 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 23 1922

8. AGE:

Years	Months	Days	If less than one day
18	0	22	hrs. min.

9. Birthplace TENNESSEE (Town, county, and state)
10. Usual occupation FARM LABORER
11. Industry or business FARM

FATHER
12. Name JOEL L. EMERSON
13. Birthplace VIRGINIA

MOTHER
14. Maiden name FRANCES WHITE
15. Birthplace TENN

16. Informant JOEL L EMERSON
Address HENDERSONVILLE N.C.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JULY 17-1940 (month) (day) (year)
Cemetery or crematory HINCANORE
Location UNIONVILLE MD

18. Funeral director POWELL & ALBAUGH
Address LIBERTYTOWN MD

19. JULY 16 1940 (Date rec'd by registrar) W. D. Cherfeman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 1 A.M

21. ~~I CERTIFY~~ that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h[illegible] alive on 19 dead July 15 19 40

	DURATION
Immediate cause of death Fracture of skull	Immediate
Due to auto overturn accident.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of July 15 '40
Where did injury occur? Frederick Co. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Highway
Means of injury auto overturn Injured at work? no

23. SIGNATURE R. W. Baer Ex. Deputy Med M. D. or other
Address Frederick, Md. Date signed 7-15-40

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JUL 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07584

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, Institution, or street address where death occurred:
45 E. Fifth St.
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 45 E. Fifth St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Harry Franklin Zimmerfrock

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife Ella E. Smith
6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Mar. 22. 1880

8. AGE: Years	Months	Days	If less than one day
60	3	24	hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Cobler
11. Industry or business Shoe repairman
FATHER 12. Name Wilson Zimmerfrock
13. Birthplace Frederick Co. Md.
MOTHER 14. Maiden name Mary Powell
15. Birthplace Frederick Co. Md.
16. Informant Mrs. Harry F. Zimmerfrock
Address 45 E. 5th St. Frederick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1940 (month) (day) (year)
Cemetery or crematory Mt. Hope Cemetery
Location Woodsboro Md.
16. Funeral director Powell & Albaugh
Address Woodsboro, Md.
19. 17 July 1940 (Date rec'd by registrar) Dra J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1938, to July 1940
and that I last saw him alive on July 16 1940
Immediate cause of death Hypertensive Cardio Vascular Renal Disease.

DURATION

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C E Eaton today M. D. or other
Address Walkersville, Md. Date signed July 16 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (85) Reg. Dist. No. 137

CERTIFICATE OF DEATH

07585

1. PLACE OF DEATH
(a) County Frederick
(b) City or town Rural Liberty Dist
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Harrison Gardner
3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9th 1909

8. AGE: Years 30 | Months 10 | Days 4 | If less than one day ____hr. ____min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name Wm H. Gardner
13. Birthplace Md

MOTHER
14. Maiden Name Lottie J. Duppins
15. Birthplace Md

16 (a) Informant Union Bridge Md
(b) Address Wm H Gardner

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Old Field
Location near Libertytown Md

18 (a) Funeral director Powell & Waltraugh
(b) Address Libertytown Md

19 (a) July 16 1940 (Date rec'd by registrar) (b) T. M. Derrickson Registrar

MEDICAL CERTIFICATION

20. Date of death 7-13- 1940, at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11- 1940, to 7-13- 1940, and that I last saw him alive on 7-12- 1940.

Immediate cause of death — Duration
Epileptic Convulsions
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

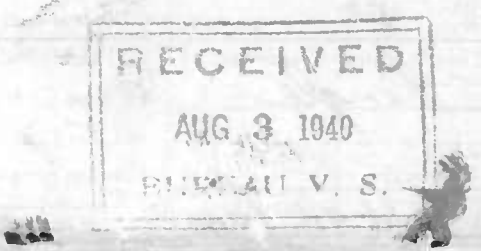
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Legg M.D.
M. D. or other
Address Union Bridge Date signed 7-13-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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AUG 3 1940
BUREAU V. S.

07586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred: Home For The Aged - 115 Record St.

How long in hospital or institution? 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Record St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Ariana Gonso

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1852

8. AGE: Years	Months	Days	If less than one day
87	10	20	..... hrs. ..... min.

9. Birthplace Frederick, Fred. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Wm Gonso
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden name Louise Stevens
15. Birthplace Frederick, Co Md

16. Informant Mrs. Wm Johnson
Address Frederick - Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 7/24/40 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick Md

18. Funeral director Harry E. Carty Co
Address Frederick, Md.

19. 22 July 1940 19 ..... Ira J. McGurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10th 1940, to July 22nd 1940 and that I last saw him alive on July 21st 1940

Immediate cause of death Entero colitis

Due to Inducing exhaustion

Due to Inability to be nourished

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE Wm Crawford Johnson MD
M. D. or other

Address Frederick Md Date signed 7/22/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07587

(46B)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 144

Village or City Thurmont No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Gourley If U. S. Veteran, specify WAR

(a) Residence: No. [illegible] St., Ward. Social Security No. 220-10-5363

(Usual place of abode) ~~If nonresident give city or town and State~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hallie Mock Gourley

6. DATE OF BIRTH (month, day, and year): Apr 3rd 1871

7. AGE: Years 69 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Electrical Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Co Sub Station

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: William M. Gourley

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Eliza Penn

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Maurice Wastler Thurmont

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Blue Ridge Cemetery Date July 15, 1940

19. UNDERTAKER (Address): Willhide & Creager Thurmont

20. FILED July 14, 1940 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1940, to July 12, 1940

I last saw him alive on July 12, 1940; death is said to have occurred on the date stated above, at 10.40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gen arteriosclerotic C.V. Disease	1930
Carcinoma of Stomach c̄ metastases (generalized)	1938

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Coolahan M. D.

(Address) Thurmont, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]Y, WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] [illegible]y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 5 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

07588

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

City or town Rural, Buckeystown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural, Nr. Buckeystown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Nr. Buckeystown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME George Frederick Hargett

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Annie R. Hartman

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 1, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	16	hrs. min.

9. Birthplace Nr. Buckeystown, Fred., Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

FATHER
12. Name John Hargett
13. Birthplace Frederick, Co., Md.

MOTHER
14. Maiden name Elizabeth Cubitt,
15. Birthplace Germany.

16. Informant Mrs. Annie R. Hargett,
Address Buckeystown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7 /19/ 40 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. July 18 1940 (Date rec'd by registrar) Jas H Heller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 10 45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 17 1940, and that I last saw him alive on July 16 1940.

Immediate cause of death	DURATION
Uremia - Cardiac failure	4 days
Due to Arterio-scleratic cardiovascular renal disease	5yrs(?)
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H. Conley, Jr. M.D. M.D. or other
Address Buckeystown, Md Date signed 7/18/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (116-E)

07589

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ rural, Burkittsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 66yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ rural Burkittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D. Burkittsville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Charles Edward Hemp

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Nettie E. Flook

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1874

8. AGE:

Years	Months	Days	If less than one day
66	6	5	____ hrs. ____ min.

9. Birthplace Nr. Burkittsville, Fred, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Albert A. Hemp,

13. Birthplace Burkittsville, Md.

MOTHER

14. Maiden name Olivia Barger,

15. Birthplace Fred. Co., Md.

16. Informant Mrs. Chas. E. Hemp,

Address Burkittsville, Md. R. D.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 7 / 29 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Union Cemetery

Location Burkittsville, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 27 July 1940 (Date rec'd by registrar) Ira L. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1940, to July 26 1940, and that I last saw him alive on July 25 1940

Immediate cause of death	DURATION
Coronary Occlusion	5 mi
Due to Arteriosclerosis.	15 yrs
Due to Age & Bacterial & urinary infection	
Other conditions Carcinoma of colon 1932	
Prostatic obstruction 1940	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Resection Sigmoid 1932
Transurethral resection 1940
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Sidney Bruce M. D. or other

Address Jefferson Date signed 7/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

07590

~~WITHIN~~ CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Rural near Petersville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Rural near Petersville
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Infant of Roger Himes

3. (b) Social Security Number —

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 4th 1940

8. AGE: Years — Months — Days — If less than one day 5 hrs. 30 min.

9. Birthplace Near Petersville Frederick Co Md
(Town, county, and state)
10. Usual occupation ✓
11. Industry or business —

FATHER
12. Name Roger Himes
13. Birthplace Md

MOTHER
14. Maiden name Dorothy Minnick
15. Birthplace Md

16. Informant Roger Himes
Address Knoxville Md

17. (Burial, cremation, or removal. Which?) Date thereof July 5 1940 (month) (day) (year)
Cemetery or crematory Church of Brethren Cemetery
Location Brownsville Md
18. Funeral director C. Hoffert & Bro
Address Brunswick Md

19. July 4 1940 (Date rec'd by registrar) Lee H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4 1940, to July 4 1940, and that I last saw him alive on July 4 1940.

Immediate cause of death: Premature Birth — DURATION —
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other
Address Brunswick Md Date signed 7/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07591

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Carroll

City or town Mt. Airy Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mr. Ernest Hood

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W.	widower

6 (b) Name of husband or wife Annnie V. Hood

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1872

8. AGE: Years	Months	Days	If less than one day
67	10	2	hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Lewis Hood

13. Birthplace Carroll Co. Md.

MOTHER 14. Maiden name Annie Lowman

15. Birthplace Carroll Co. Md.

16. Informant Mr. Archie Hood

Address Mt. Airy R.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1940 (month) (day) (year)

Cemetery or crematory Prospect

Location Near Mt. Airy Md.

18. Funeral director C. M. Waltz

Address Winfield Md.

19. 24 July 1940 Ira J. McCeney

(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 1:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1940, to July 23 1940, and that I last saw him alive on July 23 1940.

	DURATION
Immediate cause of death Pulmonary Edema due to cardiac failure Coma	1 Wk
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations — There was no operation.

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D. or other

Address Frederick Md. Date signed July 23, 40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07592

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Home for The Aged

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 115 Record Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Olivia Culler Straeffer Horn

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widow

6 (b) Name of husband or ~~wife~~: Lewis F. Horn

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 29, 1851

8. AGE: Years	Months	Days	If less than one day
88	7	2	____ hrs. ____ min.

9. Birthplace: Jefferson, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: John Straeffer
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden name: Julianna Culler
15. Birthplace: Nr. Jefferson, Md.

16. Informant: Records of the Home for Aged
Address: 115 Record St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: July 9, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Md.

19. July 9 '40 (Date rec'd by registrar) 19____ Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7th 1940, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4th 1940 to July 7th 1940 and that I last saw h~~er~~ alive on July 7th 1940

Immediate cause of death: Cerebral Thrombosis — DURATION: 3 days

Due to: Cerebral Embolism

Due to: ____

Other conditions: Softening of Brain

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Wm Crawford Johnson M. D. or other

Address: Frederick Md. Date signed: 7/8/40

RECEIVED
AUG 5 1940
BUREAU V. S.

07593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick

~~City or town~~ LeGore - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war ——

3.(a) FULL NAME Leonard William Horner

3.(b) Social Security Number 219-03-6635

4. Sex: M.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband~~ or wife: Dessie L. Grimes

6.(c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.): Feb. 19. 1906

8. AGE: Years 33 | Months 4 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace: LeGore Md. (Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business: Lime Plant

FATHER
12. Name: Chas. Wm. Horner
13. Birthplace: Fredk. Co. Md.

MOTHER
14. Maiden name: Jennie Smith
15. Birthplace: Fredk. Co. Md.

16. Informant: Mrs. Leonard W. Horner
Address: LeGore Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17. 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Oak Hill Church of God

Location: LeGore Md.

18. Funeral director: Powell & Albaugh
Address: Woodsboro Md.

19 16-July-40 (Date rec'd by registrar) 19 Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1938, to July 14 1940 and that I last saw him alive on July 14 1940

Immediate cause of death: Cerebro spinal lues c̄ convulsions

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE C. E. Easterday M. D. or other

Address Walkersville, Md Date signed 7/14/40

VS A45 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07594

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 0
Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Hughes

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 28 1940

8. AGE: Years | Months | Days | If less than one day: hrs. 0 min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Donald Eugene Hughes
13. Birthplace: Washington Co. Md

MOTHER
14. Maiden name: Carlyle Elizabeth Poffenberger
15. Birthplace: Washington Co. Md

16. Informant: Miss Adelsberger, Emergency
Address: Hospital, Frederick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 40 (month) (day) (year)
Cemetery or cemetery: Boonsboro.
Location: Boonsboro Md

18. Funeral director: Russell Eavenson.
Address: Keedysville Md

19. 28 July 1940 (Date rec'd by registrar) Ira J. McSurdy, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1940, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28, 1940 to July 28 1940 and that I last saw him alive on July 28 1940

Immediate cause of death	DURATION
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: B. O. Thomas, M. D. or other
Address: Frederick, Md. Date signed: 7-28-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

07595

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6days

Stay in this community (yrs., or mos., or days) 6days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Tenn. County Johnson

City ~~or town~~ Mountain City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Marvin Icenhour

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, ~~married, widowed, or divorced~~: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1918

8. AGE: Years 22 | Months - | Days 18 | If less than one day hrs. min.

9. Birthplace Mountain City, Johnson, Tenn. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business W P A

FATHER

12. Name Samuel Icenhour,

13. Birthplace Mt. City, Tenn.

MOTHER

14. Maiden name Vina Brookshier

15. Birthplace Watauga Co. Tenn

16. Informant W. J. Hill

Address Shouns Md. Tenn.

17. Removal (~~Burial, cremation,~~ or removal. ~~Which?~~) Date thereof 7 / 14 / 40 (month) (day) (year)

Cemetery or crematory

Location Mountain City, Tenn.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 13-July 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 1.35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him ~~alive~~ dead on July 13 1940.

Immediate cause of death: Intracranial hemorrhage — DURATION 6 days

Fracture of skull — 6 days

Due to

Due to auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 7 '40

Where did injury occur? Frederick (City or town) Co (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route # 40

Means of injury Automobile Injured at work? no

23. SIGNATURE R. W. Barr Dep. Med Examiner M. D. or other

Address Frederick, Md Date signed 7.13.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

07596

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 241 Phebus Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 241 Phebus Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Mrs. Anna Christine Johnson

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: Colored

6. (a) ~~single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or ~~wife~~ Edward M. Johnson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 20, 1869

8. AGE: Years 70 | Months 10 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Fred. Co., Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business At Home

FATHER
12. Name Cryus Randolph
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden name Sadie Randolph
15. Birthplace Frederick Co., Md.

16. Informant Mr. Kenneth Johnson
Address Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 7/29/40 (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 27 July 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1940, at 6.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-20 1940, to 7-27 1940, and that I last saw her alive on 7-23 1940.

Immediate cause of death: Chr. Cardio Renal Vascular disease — DURATION 3 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Dr U. P. Bauer Jr. M. D. or other
Address Frederick Md. Date signed 7-27-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55(B)

07597

CERTIFICATE OF DEATH

Reg. Dist. No. 132.

1. PLACE OF DEATH:

County Frederick

City or town Braddock Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Braddock Heights, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Miss. Mary Poole Jones

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1875

8. AGE:

Years	Months	Days	If less than one day
64	7	18	hrs. min.

9. Birthplace Nr. Poolesville, Montgomery, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name John Jones,
13. Birthplace Poolesville, Md.

MOTHER
14. Maiden name Mary Hayes,
15. Birthplace Poolesville, Md.

16. Informant Miss. E. Medora Jones,
Address Braddock Heights, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 7 / 6 / 40 (month) (day) (year)

Cemetery or crematory Monocacy Cemetery

Location Beallsville, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. July 5 1940 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th., 1940, at 7.30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from File 2 1940, to July 4th 1940, and that I last saw her alive on July 4-40 1940.

Immediate cause of death Sarcoma Skull

DURATION 5 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O H Couley M. D. or other

Address Fred Neil. Date signed 9/5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

07598

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Nr. Frederick (rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 328 E. Church St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John Thomas Kennedy, Jr.

3. (b) Social Security Number 220-03-6588

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1907

8. AGE:

Years	Months	Days	If less than one day
33	0	23	hrs. min.

9. Birthplace Frederick, Fred., Md.
(Town, county, and state)
10. Usual occupation Dish washer
11. Industry or business Hotel
FATHER 12. Name John Thomas Kennedy, Sr.
13. Birthplace Frederick, Md.
MOTHER 14. Maiden name Emma V. Stone,
15. Birthplace Nr. Walkersville, Md.
16. Informant Mr. John T. Kennedy, Sr.,
Address 328 E. Church St., Fred., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 / 1 / 40 (month) (day) (year)
Cemetery or crematory St. Johns Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19 40 July (Date rec'd by registrar) 19 40 Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 9:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~date~~ 19 to 19 ; and that I last saw h[illegible] alive on July 30 1940.

Immediate cause of death	DURATION
Drowning (accidental)	Unknown
Due to	
Due to	
Other conditions Was intoxicated	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of July 30 1940
Where did injury occur? Frederick Co. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Monocacy River
Means of injury Drowning Injured at work? No.

23. SIGNATURE P. W. Baer Deputy Coroner
M. D. or other
Address Frederick, Md Date signed 7-30-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

07599

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Woodsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry Kling

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie Lease Kling
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 24, 1868

8. AGE:

Years	Months	Days	If less than one day
72	1	19	____ hrs. ____ min.

9. Birthplace Frederick Co.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John D. Kling
13. Birthplace Fred. Co.
MOTHER 14. Maiden name Amelia Grimes
15. Birthplace Fred. Co.
16. Informant Roger L. Kling
Address Walkersville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15, 1940 (month) (day) (year)
Cemetery or crematory Cemetery, Mt. Hope
Location Woodsboro
18. Funeral director G. C. Barton
Address Walkersville
19. July 14 1940 (Date rec'd by registrar) L. C. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940 at 7.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 1 1940 to July 13 1940 and that I last saw him alive on July 12 1940

Immediate cause of death	DURATION
Angina Pectoris	Immediate
Due to Arteriosclerosis	about 10 yrs.
Due to ✓	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury none Injured at work?

23. SIGNATURE C. A. Stultz M. D. or other
Address Woodsboro Md. Date signed 7-13-40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07600

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 19 Winchester
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kreimer

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
male	white	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. 0 min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Gerard Kreimer
13. Birthplace Mt. Airy, Md.

MOTHER
14. Maiden name Mary Evelyn Smith
15. Birthplace Frederick, Md

16. Informant Miss Adelsberger, Emergency
Address Hospital, Frederick, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 27 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Monterue
Location near Frederick Md.

18. Funeral director G. Cleveland Trout
Address Frederick Co. Md.

19. 27 July 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1940 to ____ 19____, and that I last saw him ~~alive~~ on ____ 19____

Immediate cause of death	DURATION
~~Sepsis~~ Induced	
Miscarriage	
Due to Ly Mellitus	
Five months	
Due to Pictus	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick, Md Date signed 7/26/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55B)

07601

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 520 Brunswick St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md. County Fred.
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 520 Brunswick St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME Charles Edward Lalley

3. (b) Social Security Number 705-10-2630

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Della McFadden
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Feb. 26 1888

8. AGE: Years	Months	Days	If less than one day
52	4	16	hrs. min.

9. Birthplace Pikesburn West Virginia
(Town, county, and state)
10. Usual occupation B & O R.R. Engine House Fireman.
11. Industry or business
FATHER 12. Name Michael Lalley
13. Birthplace Ireland.
MOTHER 14. Maiden name Bridget Carroll
15. Birthplace Maryland.
16. Informant Mrs. Della Lalley
Address 520 Back St. Brunswick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16, 1940 (month) (day) (year)
Cemetery or crematory Mt. Carmel.
Location Grafton West Virginia
18. Funeral director C. H. Fuke & Bro
Address Brunswick Md.
19. July 18 1940 (Date rec'd by registrar) Chas H. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 11 A.M.
21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to July 12 1940
and that I last saw h in alive on July 12 1940

Immediate cause of death	DURATION
Carcinoma of Scapula & metastasis to lungs	6 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Schnauffer M. D. or other
Address Brunswick R. Date signed July 12-40

Shipping Permit
to ship July 14 th.

after Burial.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-F)

ORIGINAL

CERTIFICATE OF DEATH

07602

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 Mo. 27 days

Stay in this community (yrs., or mos., or days): 1 Mo. 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 708 E. Chase St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John E. Lewis

3. (b) Social Security Number: 216-12-2566

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 26, 1914

8. AGE: Years	Months	Days	If less than one day
25	8	25	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Plumber Helper

11. Industry or business:

FATHER 12. Name: Chester E. Lewis

13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden name: Elizabeth M. Gahan

15. Birthplace: Baltimore, Md.

16. Informant: John E. Lewis

Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem

Location: Baltimore, Md.

18. Funeral director: Elmer W. Conklin

Address: Baltimore, Md.

19. 7/21/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

M

20. DATE OF DEATH: July 21 1940, at 12:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940, to July 21 1940, and that I last saw him alive on July 21 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	15 Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Enteritis Tuberculous ? Fistula of right Mandible	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Lewis, M. D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 7/21/40

RECEIVED
AUG 1 1940
BUREAU V. S.

CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

07603

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 409 Maple Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Dargan (Rural) Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nannie Vitalis Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Jerome Thomas Lewis

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1863

8. AGE:

Years	Months	Days	If less than one day
77	2	11	hrs. min.

9. Birthplace Sharpsburg Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Winks
13. Birthplace Md.

MOTHER
14. Maiden name Ellen Reynolds
15. Birthplace Md.

16. Informant Mrs. J. A. Hoffmaster

Address 409 Maple Avenue, Brunswick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11, 1940 (month) (day) (year)

Cemetery or crematory Mountain View Cemetery

Location Sharpsburg, Md

18. Funeral director C. H. Fete & Bros.

Address Brunswick, Md.

19. July 20 10 1940 (Date rec'd by registrar) Lucas H. S. Hedgco Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 1 1/2 m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940 to July 8 1940 and that I last saw her alive on July 8 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Schwerdtfeger M. D. or other

Address Brunswick Date signed July 10 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

07604

Reg. Dist. No. 13 1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(S)

1. PLACE OF DEATH:
County Frederick
City or town Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or Inst. (yrs., or mos., or days) Stillborn
Stay in this community (yrs., or mos., or days) [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick Route 11 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Yellow Springs Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Rural

3. (a) FULL NAME Infant Linton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 8. 1940

8. AGE:

Years	Months	Days	If less than one day
Stillborn 0	0	0	hrs. 0 min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Stanley Eugene Linton
13. Birthplace Frederick Md.

MOTHER
14. Maiden name Ruth Evelyn Tucker
15. Birthplace Ohio

16. Informant Evangeline Rice R.N.
Address Emergency Hospital

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7. 8. 1940 (month) (day) (year)
Cemetery or crematory Brook Hill
Location near Frederick Md.

18. Funeral director Richard M. Conrad.
Address 15 East South St. Frederick Md.

19. July (Date rec'd by Registrar) 1940 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 3 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1940, to July 7 1940, and that I last saw h alive on ____ 19____

Immediate cause of death	DURATION
Still born	
asphyxiation	
Due to prolapse cord	
Due to 8 month fetus	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick Md Date signed 8/7/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07605

22-a

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

City or town Point of Rocks

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Point of Rocks, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Naomi Irene Linton

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1924

8. AGE:

Years	Months	Days	If less than one day
16	1	8	hrs. min.

9. Birthplace Point of Rocks, Md.

(Town, county, and state)

10. Usual occupation Student

11. Industry or business High School

FATHER

12. Name Luther L. Linton

13. Birthplace Point of Rocks, Md.

MOTHER

14. Maiden name Lena Dean

15. Birthplace Point of Rocks, Md.

16. Informant Luther L. Linton

Address Point of Rpcks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/26/40 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Point of Rocks, Md.

18. Funeral director M.R. Etchison & Son.

Address Frederick, Md.

19. July 24 1940 (Date rec'd by registrar) Jno. F. Keller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940, to July 21 1940, and that I last saw her alive on July 21 1940.

Immediate cause of death Miliary tuberculosis

DURATION

Due to

Due to

Other conditions same.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. V. Brigs Shirley M.D. M. D. or other

Address Adamstown Md. Date signed July 28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

1

T

RECEIVED
AUG 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Original

CERTIFICATE OF DEATH

07606

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1Yr 1Mo 10Days

Stay in this community (yrs., or mos., or days): 1Yr 1Mo 10Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 127 S. Morley St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nellie Lyons

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 16 1903

8. AGE: Years	Months	Days	If less than one day
37	5	18	hrs. min.

9. Birthplace: New York. N.Y. (Town, county, and state)

10. Usual occupation: Typist

11. Industry or business

FATHER — 12. Name: Thomas Lyons

FATHER — 13. Birthplace: Ireland

MOTHER — 14. Maiden name: Margaret McNamara

MOTHER — 15. Birthplace: Ireland

16. Informant: Nellie Lyons

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Baltimore. Md.

18. Funeral director: George A. Farley

Address: Baltimore. Md.

19. 7/4/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at 3.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1939, to July 4 1940, and that I last saw her alive on July 3 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	16Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	
Tuberculous Enteritis (Include pregnancy within 3 months of death)	

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Jno E Hoodpasture M.D.

M. D. or other

Address: State Sanatorium, Md. Date signed 7/4/40

RECEIVED
JUL 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93rd)

07607

CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH:

County ✓ ~~Washington Co~~ Frederick

City or town Walpsville Walpsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Walpsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Nd

3. (a) FULL NAME John R. Mauzano

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced x

6 (b) Name of husband or wife Christie E Mauzano

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 5 10 1860

8. AGE: Years 80 Months 1 Days 26 If less than one day ____ hrs. ____ min.

9. Birthplace Walpsville Fred Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jacob Mauzano

13. Birthplace Walpsville

MOTHER 14. Maiden name Rebecca ~~Mauzano~~ Grossnickle

15. Birthplace Walpsville

16. Informant Christie Mauzano Wife

Address Walpsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8 1940 (month) (day) (year)

Cemetery or crematory Grossnickle Cemetery

Location Ellerton Md

18. Funeral director Gladhill Co

Address Middletown Md

19. July 8 1940 (Date rec'd by registrar) Charles L Leatherman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940, to July 1940, and that I last saw him alive on June 20 1940.

Immediate cause of death Arterio-sclerosis Hyper-tensive cardiac disease

DURATION several years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. V. Stato M. D. M. D. or other

Address Myersville, Md. Date signed 7-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change county of death, letter in Permanent File under Dr. H. V. Staton. 9-20-40. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07608

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Virginia County: Page

~~City~~ or town: Stanley Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Nelson Miller

3. (b) Social Security Number:

4. Sex: male

5. Color or race: W.

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec-9-1917

8. AGE: Years: 22 Months: 7 Days: 10 If less than one day: hrs. min.

9. Birthplace: Stanley, Va. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER

12. Name: E. F. Miller

13. Birthplace: Stanley Va.

MOTHER

14. Maiden name: Laura Breeden

15. Birthplace: Stanley Va.

16. Informant: Mr. Young

Address: Frederick City Hospital

17. Removal: Near Luray Va Page Co. Date thereof: July 22/40 (month) (day) (year)

(~~Burial, cremation~~, or removal. ~~Which?~~)

Cemetery ~~or crematory~~: Miller Graveyard

Location: Near Luray Va

18. Funeral director: C. E. Clint & Son & J. C. Bradley

Address: Frederick Md. Luray Va.

19. 19-July 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw her ~~alive~~ dead on July 19 1941

Immediate cause of death: Pneumococcus meningitis — DURATION: 3 days

Due to: Fracture of skull & nose — 4 days

Due to: Automobile accident — 4 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: July 15, 40

Where did injury occur? Frederick Co. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: auto Injured at work? no

23. SIGNATURE: R. W. Barr Deputy Med. Ex. M. D. or other

Address: Frederick, Md Date signed: July 19, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

07609

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or Inst. (yrs., or mos., or days) 3 hrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Woodsboro, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Paul W. Morgan

3. (b) Social Security Number 213-18-9441

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1925

8. AGE:

Years	Months	Days	If less than one day
14	9	10	____ hrs. ____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Benjiman Morgan
13. Birthplace Fred. Co. Md.

MOTHER
14. Maiden name Daisy Louise Lare
15. Birthplace Fredt. Co. Md

16. Informant Frank B. Morgan
Address Woodsboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5, 1940 (month) (day) (year)
Cemetery or crematory Union Chapel Cemetery
Location Rt. Libertytown

18. Funeral director J. C. Barton
Address Walkersville Md

19. 3-July-1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 9.55 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from ____ 19____ to ____ 19____ and that I last saw him dead alive on July 2 1940.

Immediate cause of death	DURATION
Intracranial hemorrhage	3 hrs
Due to Fracture of skull	3 hrs.
Due to automobile accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of July 2, 40
Where did injury occur? Frederick County, Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Highway
Means of injury Automobile Injured at work? yes

23. SIGNATURE P. W. Ball Deputy Md. Examiner.
M. D. or other
Address Frederick, Md Date signed 7.2.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

07610

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick

City or town Rural Near Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) from what could

Stay in this community (yrs., or mos., or days) be ascertained he traveled from place to place

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Fredk.

City or town Keysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (Employed on a Farm 3 days)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Unknown

3. (a) FULL NAME Harry Mull

3. (b) Social Security Number Unknown

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 44 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Laborer on Farm

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs Robert Stine

Address Keymar Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof July 14 - 40
(month) (day) (year)

Cemetery or crematory Cemetery

Location (Montevue) Frederick Md

18. Funeral director M L Creager & Son

Address Thurmont Md

19. July 8 - 1940 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 1 A.M.

21. I ~~CERTIFY that death occurred on the date above stated; that I attended deceased from~~ ___ 19___, to ___ 19___, and that I last saw h. I M ~~alive~~ dead on July 5 1940.

Immediate cause of death Compound fracture of skull.

Due to

Due to auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: unknown

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 5 40

Where did injury occur? Frederick (City or town) Co Emmitsburg (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Injured at work?

23. SIGNATURE R. W. Bar Deputy Wed Ex
M. D. or other

Address Frederick, Md Date signed 7.5.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-d)

07611

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. D. Mt. Airy Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Hardy Mr. Murray

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1918

8. AGE: Years 22 | Months 2 | Days 22 | If less than one day hrs. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual occupation Farm Laborer.

11. Industry or business

FATHER 12. Name Arthur R. Hardy.

13. Birthplace Maryland.

MOTHER 14. Maiden name Lettie V. Lowman

15. Birthplace Maryland.

16. Informant Mr. Arthur R. Hardy

Address Mt. Airy, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 3, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Howard Chapel

Location Long Corner, Howard Co. Md.

18. Funeral director C. M. Waltz

Address Winfield Md.

19. 2-Jul-40 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1940, to July 1 1940, and that I last saw him alive on July 1 1940.

Immediate cause of death: Streptococcic Septicaemia — DURATION: 2 wks.

Due to

Due to Infested Mouth - Stomatitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M. D. M. D. or other

Address Frederick, Md. Date signed 7/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

(M)

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07612

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred: ——

How long in hospital or institution? ——

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 219 E. 3rd. Street
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Albert Owen Nichols

3.(b) Social Security Number 214-10-2345

4. Sex	5. Color or race	6.(a) ~~single~~, married, ~~widowed, or divorced~~
M.	W.	married

6.(b) Name of ~~husband~~ or wife Bessie F. Coleman

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Sept. 29-1891

8. AGE: Years	Months	Days	If less than one day
48	9	21	— hrs. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation machinist

11. Industry or business Brush Factory

FATHER
12. Name Perry O. Nichols
13. Birthplace Frederick Co Md.

MOTHER
14. Maiden name Emma V. Elliott
15. Birthplace Frederick Co. Md.

16. Informant Mrs. Bessie Nichols
Address Frederick, Maryland

17. Burial
(Burial, ~~cremation~~, or ~~removal. Which?~~)
Date thereof 7/23/40
(month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director C. E. Cline and Son
Address Frederick, Md.

19 22-July 40 19
(Date rec'd by registrar)

Ira J. McSurdy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 8 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 20 1940 and that I last saw him alive on July 20 1940

Immediate cause of death Coronary occlusion — DURATION ½ hrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas
M. D. or other

Address Frederick, Md Date signed 7/22/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07613

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 428 East Patrick Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 428 East Patrick Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Harry Oscar Nicodemus

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eleanor Chiswell Nicodemus 6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July 28, 186[illegible]

8. AGE: Years 78 | Months 11 | Days 2[illegible] | If less than one day ____ hrs. ____ min.

9. Birthplace Buckeystown, Md. (Town, county, and state)

10. Usual occupation Retired Mfgr.

11. Industry or business Ice Cream.

FATHER 12. Name Augustus Nicodemus
13. Birthplace Carroll Co, Md.

MOTHER 14. Maiden name Barbara Fulton
15. Birthplace Woodsboro, Md.

16. Informant H. Fulton Nicodemus
Address Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20 1940 (month) (day) (year)
Cemetery or Crematory Mt. Olivet Cem.
Location Frederick, Md.

16. Funeral director M.R. Etchison & Son.
Address Frederick, Md.

19. 20 July 1940 (Date received by registrar) Ira J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__; and that I last saw h[illegible] alive on July 18 1940.

Immediate cause of death Coronary Thrombosis — DURATION minutes

Due to Arteriosclerotic heart disease — DURATION 10 years

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work? ____

23. SIGNATURE P.W. Baer M.D. Frederick Co. Md.
M. D. or other
Address Frederick, Md. Date signed July 18, 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

07614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick

City or town Kemptown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 70 ?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Kemptown Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lewis E. Owens

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 70 ? Months Days If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Samuel Owens

13. Birthplace Md

MOTHER 14. Maiden name Minnie Mussetter

15. Birthplace Md

16. Informant L. K. Falconer

Address New Market Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20-40 (month) (day) (year)

Cemetery or crematory Kemptown

Location Kemptown Md

18. Funeral director W. E. Falconer

Address New Market Md

19. July 19, 1940 (Date rec'd by registrar) Raymond F. Day Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 8 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19~~ to ~~19~~

and that I last saw him ~~alive~~ dead on July 18 1940

Immediate cause of death Coronary Thrombosis Immediate

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Barr Deputy Med. Ex M. D. or other

Address Frederick, Md Date signed July 18, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-a)

07615

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 243 Center Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Charles Patty

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 11 1940

8. AGE: Years | Months | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation New Born

11. Industry or business

FATHER
12. Name William Patty
13. Birthplace Weirton W va

MOTHER
14. Maiden name Mildred June Welty
15. Birthplace Frederick Md.

1B. Informant Miss Adelsberger Emergency
Address Hospital, Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 7/15/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

1B. Funeral director C. E. Cline + Son

Address Frederick Md.

19. 15-July 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 11 P.M. 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1940, to July 14 1940, and that I last saw him alive on July 14 1940.

Immediate cause of death: Asphyxiation — DURATION: Born

Due to: aspiration of fluid (amnitic) at birth — 3 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick Md Date signed 7/15/40

VS A15 (T) (I) (C) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

07616

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 517 South Market Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 517 South Market Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Josiah Clayton Rice

3. (b) Social Security Number 218-~~NONE~~-2808 (Rev)

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

B (b) Name of ~~husband~~ or wife Harriett E. Bidle

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) April 28, 1861

8. AGE: Years	Months	Days	If less than one day
79	2	23	____ hrs. ____ min.

9. Birthplace Frederick Co., Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Mt. Olivet Cemetery

FATHER 12. Name Mannassas Rice

13. Birthplace Frederick Co., Md.

MOTHER 14. Maiden name Nancey Jane Ambrose

15. Birthplace Frederick Co., Md.

16. Informant Mrs. Josiah C. Rice

Address 517 S. Market St., Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 7/23/40 (month) (day) (year)

Cemetery or ~~crematory~~ Lutheran

Location Middletown, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19 22-July 40 (Date rec'd by Registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to 7-21- 1940, and that I last saw him alive on 7-21- 1940.

	DURATION
Immediate cause of death Exhaustion	a month
Debility	
Due to Gastric Carcinomata	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. G. Browne M.D. M. D. or other

Address Frederick Md. Date signed 22-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07617

Reg. Dist. No. 130

VS A15 (T) (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Frederick

City or town: Point of Rocks, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Point of Rocks Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no.

3. (a) FULL NAME: John Wesley Ridenbaugh

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Sarah Catherine Pomeroy

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 25, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	29	hrs. min.

9. Birthplace: Brunswick Md.
(Town, county, and state)

10. Usual occupation: Retired Railroader

11. Industry or business: B & O R.R.

FATHER 12. Name: Wesley Ridenbaugh

13. Birthplace: Brunswick, Md.

MOTHER 14. Maiden name: Mary Anne Lemhart

15. Birthplace: Brunswick, Md.

16. Informant: Earl W. Ridenbaugh

Address: Point of Rocks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/26/40 (month) (day) (year)

Cemetery or crematory: Taylorstown Cem.

Location: Taylorstown, Va.

18. Funeral director: M.R.Etchison & Son.

Address: Frederick, Md.

19. July 24 1940 (Date rec'd by registrar) Grant Keefer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to July 24 1940, and that I last saw him alive on July 23 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	7/17/40
Due to: Generalized arteriosclerosis	(?)
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles H. Bailey Jr. M.D.
M. D., or other

Address: Buckeystown, Md. Date signed 7/24/40.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07618

CERTIFICATE OF DEATH

(93-L)

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

City or town Point of Rocks Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Point of Rocks Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Sarah Elizabeth Ridenbaugh

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife John W. Ridenbaugh

6(c) If alive, give age 75 years

T. Birth date of deceased (mo., day, yr.) August 28, 1869

8. AGE: Years 70 Months 11 Days 22 If less than one day hrs. min.

9. Birthplace Point of Rocks Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Lee A.T.Pomeroy
13. Birthplace Point of Rocks, Md.

MOTHER
14. Maiden name Annie Rebecca Lewis
15. Birthplace Frederick, Co. Md.

16. Informant Robert A. Redmond

Address Point of Rocks, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)

Cemetery or crematory St. Paul's Cem.

Location Point of Rocks, Md.

18. Funeral director M.R.Etchison & Son

Address Frederick, Md.

19. July 21 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1940, to July 20 1940, and that I last saw her alive on July 20 1940.

Immediate cause of death	DURATION
Cardiac decompensation	5 days
Due to Hypertensive heart disease	5+ yrs.
Due to	
Other conditions Bilateral bronchitis	5 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley Jr. M.D.
M.D. or other

Address Buckeystown, Md. Date signed 7/20/40.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-1)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

07619

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 14 E. South
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 45 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~Town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. South St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Mary Elizabeth Riehl

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband or ~~wife~~: Wm. H. Riehl

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 11-1873

8. AGE: Years 67 | Months 0 | Days 1 | If less than one day — hr. — min.

9. Birthplace Middletown, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Franklin Wolfe
13. Birthplace Allentown, Pa.

MOTHER
14. Maiden Name Frances Brandenburg
15. Birthplace Middletown, Md.

16 (a) Informant Mrs. John Snyder
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) 13-July 40 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death July 12 1940, at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 12 1940; and that I last saw him alive on July 12 1940.

	Duration
Immediate cause of death: Myocardial Insufficiency	3 days
Due to: Chronic Myocarditis	5 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Ash M.D. (M. D. or other)
Address Frederick, Md. Date signed 7/13/40.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07620

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick Co. Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 Months

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Nr. McKaig R.F.D.#4 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Winfield Grant Riggs

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Clara M. Riggs

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 16, 1863

8. AGE: Years	Months	Days	If less than one day
77	1	10	____ hrs. ____ min.

9. Birthplace: Frederick Co., Md. (Town, county, and state)

10. Usual occupation: General Farming

11. Industry or business:

FATHER — 12. Name: Plummer Riggs

13. Birthplace: Frederick Junction

MOTHER — 14. Maiden name: Louise Wood

15. Birthplace: Nr. Woodsboro

16. Informant: Mr. Ralph W. Riggs

Address: nr. McKaig, R.F.D.#4

17. Burial (Burial, cremation, or removal): Date thereof 7/29/1940 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Md.

19. 27-July-40 (Date rec'd by registrar) 19____ Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940, at 78 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to July 26 1940, and that I last saw him alive on July 26 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	4 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: B O Thomas M. D. or other

Address: Frederick, Md Date signed 7-27-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

07621

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 8 Mos 13 Days

Stay in this community (yrs., or mos., or days): 8 Mos 13 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.

(If ontside city or town limits, write RURAL NEAR and give town)

Street No.: 1218 S Paca St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William H. Robinson Jr.

3. (b) Social Security Number: 216-10-9893

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Freda Robinson

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): September 27, 1904

8. AGE: Years	Months	Days	If less than one day
35	9	9	hrs. min.

9. Birthplace: Henryton, Carroll Co Md. (Town, county, and state)

10. Usual occupation: Elec Crane Operator

11. Industry or business:

FATHER — 12. Name: William H Robinson

13. Birthplace: Carroll Co Md.

MOTHER — 14. Maiden name: Isabella O'Neil

15. Birthplace: Carroll Co Md.

16. Informant: William H Robinson Jr.

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8 1940 (month) (day) (year)

Cemetery or crematory: Springfield Cem.

Location: Sykesville. Md.

18. Funeral director: C. Harry Weer.

Address: Sykesville Md.

19. July 6 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.M

20. DATE OF DEATH: July 6 1940, at 5.20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 1940 to July 6 1940

and that I last saw him alive on July 5 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Enteritis; Tuberculous Laryngitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John E. Landsfature M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 7/6/40

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07622

Reg. Dist. No. 131

131-a

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5/30/40 - 7/10/40
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Somerset
~~City~~ or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Penna
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME MRS. LILLIE-ROMESBURG

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~ Ulysses T Romesburg
6(c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.) June 2 1877
8. AGE: Years 63 Months 1 Days 8 If less than one day ___ hrs. ___ min.
9. Birthplace Bedford Co Penna (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business None
FATHER 12. Name Abraham Thomas
13. Birthplace Somerset Co Penna
MOTHER 14. Maiden name Mary Ann Jones
15. Birthplace unknown
16. Informant Mrs. Rachel Benson
Address Thurmont, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 7-13 40 (~~month~~) (day) (year)
Cemetery or ~~crematory~~ Ridge Cemetary
Location Garrett Pa R.D.
18. Funeral director Stanley M Thomas
Address Salisbury Penna
19. 11 July 1940 (Date rec'd by registrar) Ira J. McPurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1940, at 11 40 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940, to July 10th 1940, and that I last saw her alive on July 10 1940.
Immediate cause of death Cerebral Hemorrhage
Due to Chronic Nephritis Duration: Unknown
Hypertension - [illegible]
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert S. Lyrons M. D. or other
Address Frederick, Md Date signed July 11/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13E)

07623

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 8 Mos 28 Days
Stay in this community (yrs., or mos., or days): 8 Mos 28 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Camp Springs, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. P.O.R.#4 Anacostia, D.C.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harry L. Ryce
3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
B (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 25 1921

8. AGE: Years: 19 Months: 1 Days: 15 If less than one day: hrs. min.

9. Birthplace: Charles Co. Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Thomas V. Ryce
13. Birthplace: St Mary's Co Md.

MOTHER
14. Maiden name: Maggie M Cox
15. Birthplace: Charles Co Md.

16. Informant: Harry L Ryce
Address: Camp Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13 1940 (month) (day) (year)
Cemetery or crematory: St John's Church Cem.
Location: Clinton Md.

18. Funeral director: William J Nalley
Address: Clinton Md.

19. [signature] (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940 at 11.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 12 40, to July 10 1940, and that I last saw h in alive on July 10 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 Mos
Due to: Tubercle Bacilli
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. M. D. or other
Address: State Sanatorium, Md Date signed: 7/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (598)

Reg. Dist. No. 144

07624

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Graceham
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Graceham
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Allen Saylor

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Mary C. Baker

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Apr. 7, 1862

8. **AGE:** Years 78 | Months 2 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Henry Saylor
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Martha Jane Ledwidge
15. Birthplace Frederick Co. Md

16 (a) Informant Mrs J. Allen Saylor
(b) Address Graceham Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Church of Brethren
Location Rocky Ridge Md.

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro Md.

19 (a) July 6, 1940 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death July 5" 1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940, to July 5" 1940, and that I last saw him alive on July 4" 1940.

Immediate cause of death	Duration
Cardiac Insufficiency	8 mo
Due to Chronic Asthma	20 yrs
Due to Chronic Arterial Sclerosis	10 yrs
Other conditions Chronic Arthritis	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris A. Beely MD
M. D. or other

Address Thurmont Md Date signed 7/6/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

07625

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 hrs
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1320 N. Market St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mr. Charles Segaloff.

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, Married, Widowed, or Divorced
Male	W.	Widower

6 (b) Name of ~~husband~~ or wife Hannah Rubin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 12, 1884

8. AGE: Years	Months	Days	If less than one day
55	9	11	____ hrs. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual occupation Merchants
11. Industry or business Clothing
FATHER 12. Name Abraham Segaloff
FATHER 13. Birthplace Russia
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Russia
16. Informant Henry Segaloff
Address Washington, D.C,

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/25/40 (month) (day) (year)
Cemetery or ~~crematory~~ Rosewood Cemetery
Location Hagerstown, Md.
18. Funeral director M.R.Etchison & Son.
Address Frederick, Md.

19. 24 July 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 10 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1940, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death	DURATION
Angina Pectoris	2 hrs.
Due to	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M. D. or other
Address Frederick, Md. Date signed 7/23/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 E)

07626

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Jefferson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Mrs. Mary Stine Shaff

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Noah Shaff

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 31, 1853

8. AGE: Years	Months	Days	If less than one day
86	8	11	hrs. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Jacob Stine

13. Birthplace Frederick Co., Md.

MOTHER 14. Maiden name Susan Rinehart

15. Birthplace Washington Co.

16. Informant Mr. Albert Himes

Address Jefferson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/24/40 (month) (day) (year)

Cemetery or crematory St. Paul's Lutheran

Location Jefferson, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 23 July 1940 (Date received by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to July 21 1940, and that I last saw h alive on July 21 1940.

	DURATION
Immediate cause of death Intestinal Obstruction	7/19/40
Due to Carcinoma of Colon, Hepatic Metast	(?)
Due to	
Other conditions Secondary Anemia, Senility	3/1/40

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Laban O'Brien M. D. or other

Address Jefferson Md Date signed 7/24/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

07627

CERTIFICATE OF DEATH

Reg. Dist. No. 131

VS A15 (7)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Frederick Co. Maryland
~~City or town~~ Fredericks - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 mo. 16 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs. Sarah Catherine Shank

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband or ~~wife~~ Charles Shank
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March - 2 - 1866

8. AGE:

Years	Months	Days	If less than one day
74	4	16	hrs. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Joshua Cumen
13. Birthplace Germany
MOTHER 14. Maiden name Rebecca Smaltz
15. Birthplace Pennsylvania
16. Informant Pauline Hildebrand R.N.
Address Emergency Hospital
17. Burial Date thereof July 21-40
(Burial, ~~cremation, or removal~~. Which?) (month) (day) (year)
Cemetery ~~or crematory~~ Woodsboro County
Location Woodsboro Md Mt Hope
18. Funeral director Raymond R. Knight
Address Union Bridge, Md
19. 18-July 1940 Dora J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1940, to July 18 1940, and that I last saw her alive on July 18 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	3 hrs
Due to	
Fracture of left thigh, due to	3 months
Due to an accidental fall a six weeks before being admitted to Emergency Hospital.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident. Date of
Where did injury occur? Woodsboro, (City or town) Frederick, (County) Maryland (State)
Injured at home, farm, industry, public place (where?)
Means of injury Accidental fall. Injured at work?

23. SIGNATURE B D Pearson M. D. or other
Address Frederick, Md Date signed 7/18/40

RECEIVED
AUG 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07628

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 1Yr 1Mo 11Days

Stay in this community (yrs., or mos., or days): 1Yr 1Mo 11Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore.

City or town: Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 230 D St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William R Sheeley

3. (b) Social Security Number: 216-095-403

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Bessie Sheeley

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 2 1886

8. AGE:

Years	Months	Days	If less than one day
54	0	17	____ hrs. ____ min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Brick-Layer

11. Industry or business:

FATHER
12. Name: William Sheeley
13. Birthplace: Maryland

MOTHER
14. Maiden name: ? Gernand
15. Birthplace: Union Bridge, Md.

16. Informant: William R Sheeley
Address: Sparrows Point. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23 1940 (month) (day) (year)

Cemetery or crematory: Parkwood Cem

Location: Baltimore. Md.

18. Funeral director: John Ullrich

Address: Baltimore. Md.

19. 7/19/40 (Date rec'd by registrar) 19____ ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940 P.M. 11.55

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1939, to July 19 1940, and that I last saw him alive on July 19 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	16 Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: John E. Goodfellow M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed 7/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

07629

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Emergency Hospital
Stay in hospital or Inst. (yrs., or mos., or days): 1 day.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Mrs. Urbana R.D. 2.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Shirley ann Sines (Sines)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	Single

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 19 1940

8. AGE: Years: 0 Months: 0 Days: 1 If less than one day: hrs. min.

9. Birthplace: Frederick Co. Md
(Town, county, and state)

10. Usual occupation: New Born

11. Industry or business

FATHER
12. Name: Millard Henry Sines
13. Birthplace: Frederick Co Md.

MOTHER
14. Maiden name: Opal Mildred Bircher
15. Birthplace: Morgantown W Va

16. Informant: Miss Abelberger, Emergency
Address: Hospital Frederick, Md

17. Burial, ~~cremation, or removal~~ Which?: Middletown Md. Date thereof: 22 July 1940 (month) (day) (year)

Cemetery or crematory: Lutheran cemetery
Location: Middletown Md

18. Funeral director: Gladhill Co
Address: Middletown Md

19. 22 July 40 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 1 A.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 20 1940 to July 21 1940 and that I last saw her alive on July 21 1940.

Immediate cause of death: Premature birth (7 mo. fetus)

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: B O Hanna M. D. or other

Address: Frederick, Md Date signed: 7/21/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07630

Reg. Dist. No. 144

1. PLACE OF DEATH:
County Frederick Co
City or town Thurmont Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 Months Since Birth

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Edward Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Mrs Mary Elizabeth Smith
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-1862

8. AGE: Years 78 | Months | Days ~~20~~ | If less than one day hrs. min.

9. Birthplace Libertytown Md Frederick Co
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER 12. Name Samuel D Smith
13. Birthplace Frederick Co, Md

MOTHER 14. Maiden name Rebeca Donsife
15. Birthplace Frederick Co Md

16. Informant Miss Bonnie S. Smith
Address Union Bridge Md

17. Burial Date thereof July 14-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pipe Creek Church
Location Near Uniontown Md

18. Funeral director Raymond K. Wright
Address Union Bridge Md

19. July 12 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 12 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 11 1940 and that I last saw him alive on July 11 1940

Immediate cause of death	DURATION
Cor arteriosclerotic C. V. Disease	?
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John F. Golahan M.D.
M. D. or other
Address Thurmont, Md Date signed 7-12-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

07631

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Sanatorium Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo2Days

(e) Length of stay in this community (yrs., mos., or days) 1Mo2Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 708 S Bethel St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** John Joseph Spioch

3 (b) If veteran, name war

3 (c) Social Security No. 218-10-3555

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28 1908

8. **AGE:** Years 31 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore. Md.
(Town, county, and state)

10. Usual occupation Handyman

11. Industry or business

FATHER
12. Name George Spioch
13. Birthplace Poland

MOTHER
14. Maiden Name ?----------
15. Birthplace Poland

16 (a) Informant John Joseph Spioch
(b) Address Baltimore. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore. Md.

18 (a) Funeral director John M Weber
(b) Address Baltimore. Md.

19 (a) 1/28/1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 28 1940, at 2.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940, to July 28 1940, and that I last saw him alive on July 27 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 3Mos

Due to Tubercle Bacilli

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.
M. D. or other

Address State Sanatorium, Md. Date signed 7/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

07632

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:
County: Frederick
City or town: Woodsboro.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Frd'k.
City or town: Woodsboro.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Sarah Ann Eliza Spurrier

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): May 27 1859

8. AGE: Years	Months	Days	If less than one day
81	2	2	..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: School-teacher
11. Industry or business

FATHER
12. Name: Samuel N. Spurrier
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Diller
15. Birthplace: Md.

16. Informant: Mrs. Rose Kling
Address: Woodsboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31. 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Hope
Location: Woodsboro Md.
18. Funeral director: Powell & Albaugh
Address: Woodsboro Md.

19. July 30. 1940 (Date rec'd by registrar) L E Powell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940, at 10 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Chronic Myocarditis	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Ira M. Beall, M.D.
M. D. or other
Address: Libertytown Date signed: 7/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

07633

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Rosemont Near Brunswick Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 4 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Fred.

City or town Rosemont Near 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Brunswick Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Floyd Leonard Taulton.

3. (b) Social Security Number none.

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single.

B (b) Name of husband or wife none

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 26 1935

8. AGE: Years 5 Months 4 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Knoxville Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Harold A. Taulton
13. Birthplace Maryland.

MOTHER
14. Maiden name Catherine B. Beachley
15. Birthplace Maryland.

16. Informant H. A. Taulton

Address Knoxville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8 1940 (month) (day) (year)

Cemetery or crematory

Location Knoxville Md.

16. Funeral director C. H. Feete & Bro

Address Brunswick Md.

19. 7-6 1940 (Date rec'd by registrar) Mrs H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 7.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ to ___ 19__, and that I last saw him alive on dead July 5 1940.

Immediate cause of death Fracture of skull. Crushing injuries of chest

Due to

Due to Automobile accident.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Immediate

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7.6.40

Where did injury occur? Frederick (City or town) Co (County) Md. (State)

Injured at home, farm, industry, public ~~place~~ (where?) Highway

Means of injury automobile Injured at work?

DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Barr M. D. or other

Address Frederick Md. Date signed 7.6.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
FBI - U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

07634

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or insf. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 185 All Saints St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Tonsil

3. (b) Social Security Number 214-10-5855

4. Sex male

5. Color or race Colored

6. (a) ~~Single, married~~, widowed, or ~~divorced~~ Widower

6 (b) Name of ~~husband~~ or wife Cora Willard

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1874

8. AGE: Years 66 Months 5 Days 22 If less than one day ____ hrs. ____ min.

9. Birthplace Frederick Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Lumber Co.

FATHER
12. Name William Tonsil
13. Birthplace Frederick Md.

MOTHER
14. Maiden name Emily (Unknown)
15. Birthplace Frederick Md.

16. Informant Evangeline Rice R.N.

Address Emergency Hospital

17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof 7/30/40 (month) (day) (year)

Cemetery or ~~Crematory~~ Fairview Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19 29 Jul 40 19 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 9P 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to July 27 1940 and that I last saw him alive on July 27 1940.

Immediate cause of death Lobar pneumonia — DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other

Address Frederick, Md Date signed 7/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

Mr. Clemens.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07635

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County: Frederick

City or town: Mt. Airy
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Airy Md.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Mt. Airy Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Mt. Airy
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ida Kate Unglesbee

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lewis Unglesbee

6(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): May 31, 1856

8. AGE: Years: 84 Months: 1 Days: 28 If less than one day: hrs. min.

9. Birthplace: Frederick City Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Charles Fox
13. Birthplace: Frederick Co.

MOTHER
14. Maiden name: Elizabeth Rhoderick
15. Birthplace: Frederick Co.

16. Informant: Lewis Unglesbee
Address: Mt. Airy Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 1, 1940 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Frederick Md.

18. Funeral director: C. M. Waltz
Address: Winfield Md.

19. July 31 1940 (Date rec'd by registrar) Ardley R. Molesworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940, at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1928, to July 29 1940, and that I last saw her alive on July 29, 1940.

Immediate cause of death: Cardiac Asthma — DURATION: 12 hrs
Cardiac Decompensation — 6 mo
Due to: Chr. Myocarditis — yrs?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Stanley Grabill M. D. or other
Address: Mt Airy Md Date signed: 7/30/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07636

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2Yrs 5Mos 26Days

Stay in this community (yrs., or mos., or days) 2Yrs 5Mos 26Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 17 Virginia Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Herbert Weaver

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Louise E Weaver

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): July 31 1903

8. AGE: Years	Months	Days	If less than one day
36	11	13	hrs. min.

9. Birthplace: Penna. (Town, county, and state)

10. Usual occupation: Grocery Store Manager

11. Industry or business:

FATHER — 12. Name: John M Weaver

13. Birthplace: Penna.

MOTHER — 14. Maiden name: Gertrude Younkin

15. Birthplace: Penna.

16. Informant: John Herbert Weaver

Address: Cumberland. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16 1940 (month) (day) (year)

Cemetery or crematory: Hillcrest Burial Park

Location: Cumberland. Md.

18. Funeral director: Louis Stein Inc.

Address: Cumberland. Md.

19. 7/14/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH: July 14 1940, at 3.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 1938, to July 14 1940, and that I last saw him alive on July 13 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2Yr7Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Fatal Pulmonary Hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Godfrey M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed 7/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

07637

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick Co. Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 hrs

Stay in this community (yrs., or mos., or days): 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 211 Phebus Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Amanda Weedon

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: Colored

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Jacob Weedon

6 (c) If alive, give age: 89 years

7. Birth date of deceased (mo., day, yr.): June 18, 1863

8. AGE: Years: 77 Months: 1 Days: 6 If less than one day: ____ hrs. ____ min.

9. Birthplace: Frederick Co, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: Jacob Brown

FATHER 13. Birthplace: Frederick, Co, Md.

MOTHER 14. Maiden name: Amanda Brown (maiden name)

MOTHER 15. Birthplace: Frederick, Md.

16. Informant: Robert Weedon

Address: S. Bentz St, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/26/1940 (month) (day) (year)

Cemetery or ~~crematory~~: Fairview

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Md.

1940 July 26 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-24 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-23 1940, to 7-24 1940, and that I last saw her alive on 7-23 1940.

Immediate cause of death: Acute Cardiac Renal Vascular disease — DURATION: 1 hr

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Wm. H. G. Bourne Jr. M. D. or other

Address: Frederick Md. Date signed: 7-26-1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

07638

Reg. Dist. No. 131

1. PLACE OF DEATH
County Frederick
City or town Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Walkersville md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Millard Joseph Willhide

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Martha Willhide
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 6 1864

8. AGE: Years	Months	Days	If less than one day
75	8	21	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation House Painter
11. Industry or business

FATHER
12. Name Otto Willhide
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Eyler
15. Birthplace Maryland

16. Informant Evangeline Rice R.N.
Address Emergency Hospital

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 1940 (month) (day) (year)
Cemetery or crematory Glade Cemetery
Location Near Walkersville md

18. Funeral director G C Barton
Address Walkersville md

19. 29 July 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940 to July 27 1940, and that I last saw him alive on July 26 1940.

	DURATION
Immediate cause of death: (a) Cerebral Hemorrhage	2 weeks
Due to: Hypertension	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick Md Date signed 7/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122b)

07639

CERTIFICATE OF DEATH

Reg. Dist. No. 153

1. PLACE OF DEATH:

County Frederick

City or town Walkersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Fred. Co.

City or town Walkersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret L. Winebrener

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Samuel C. Winebrener

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1863

8. AGE: Years 77 Months 4 Days 6 If less than one day hrs. min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Best
13. Birthplace Frederick Co.

MOTHER
14. Maiden name Catherine Cramer
15. Birthplace Frederick Co.

16. Informant Miss Bertha Winebrener
Address Walkersville

17. Burial Date thereof July 6, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery, Mt Olivet

Location Frederick City

18. Funeral director G. C. Barton
Address Walkersville

19. July 6 1940, R. Ward Stauffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1938, to July 4 1940, and that I last saw her alive on July 4 1940.

Immediate cause of death Intestinal obstruction acute probably due to volvulus. S.W.G.R.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy There was no autopsy.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Elster Day M. D. or other

Address Walkersville, Md Date signed July 6 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

07640

Reg. Diat. No. 139

1. PLACE OF DEATH:

County Frederick

City or town Rural- n/r Garfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hrs

Hospital, institution, or street address where death occurred:

✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural- n/r Garfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Winfield

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife None

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 16, 1940

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

1

9. Birthplace n/r Garfield - Fred Co - Md

(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name Carroll Winfield

13. Birthplace Fred Co

MOTHER

14. Maiden name Inez Smith

15. Birthplace Fred Co

16. Informant Inez Winfield

Address Smithsburg - R #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1940 (month) (day) (year)

Cemetery or crematory Mt. Carmel M.B.

Location Garfield

18. Funeral director Glenn Winfield

Address

July 17 1940 W A Wolfe

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1940 at 7:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940 to July 17 1940

and that I last saw him alive on July 16, 1940

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M. D. or other

Address Smithsburg Md Date signed 7-19-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07641

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Frederick

City or town Frederick - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 mo, 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Middletown md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs Virginia Wire

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Thomas Wire

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1869

8. AGE:

Years	Months	Days	If less than one day
71	5	1	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Milton Rengert

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Louise Stull

MOTHER 15. Birthplace Maryland

16. Informant Evangeline Dice R.N.

Address Emergency Hospital

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 4th 1940 (month) (day) (year)

Cemetery or crematory Lutheran

Location Lovettsville Va

18. Funeral director Powell & Albaugh

Address Libertytown md

19. 2-July 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1940 to July 1 1940, and that I last saw her alive on July 1 1940

Immediate cause of death	DURATION
Carcinomatosis of rectum	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md Date signed 7/1/40

RECEIVED
AUG 5, 1940
BUREAU V. S.